

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

PUBLIC DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
3		1				
4		1				
5		12				
6		37				
7						
8	④	1				
9		16				
10	④	1				
11	④	1				
12	④	1				
13		1				
14		1				
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49						
50						
TOTAL IND.	1	↓	↓	↓	↓	↓
TOTAL DEP.	19	←	←	←	←	←
TOTAL CLAIMS	20					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

BEST AVAILABLE COPY